

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576749

FILING DATE

4/21/06

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			
	IND.	DEP.	IND.	DEP.		
1						
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TOTAL IND.	2		1			
TOTAL DEP.	9	←	8	←	←	
TOTAL CLAIMS	11		9			

AS FILED	AFTER		AFTER			
	IND.	DEP.	IND.	DEP.		
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓		↓	↓	
TOTAL CLAIMS						